Colorado Medical Assistance Program Web Portal

Professional Claims User Guide

The Professional Claim Lookup screen (Figure 1) is the main screen from which to manage professional claims. It consists of different sections that allow the user to select various functions to manage professional claims. The sections of the Professional Claim Lookup screen are:

- Claims List Grid
- Claims Management Buttons
  - Edit
  - Copy
  - Delete
  - View/Print
  - Adjustment
  - Claim Status
  - View Claim Response
- Search Area
- Add New Claim
  - Client's Information
  - Claim Information
  - Other Insurance Information
  - Detail Line Items
  - Transportation Information
  - Errors
- Claims Status Request

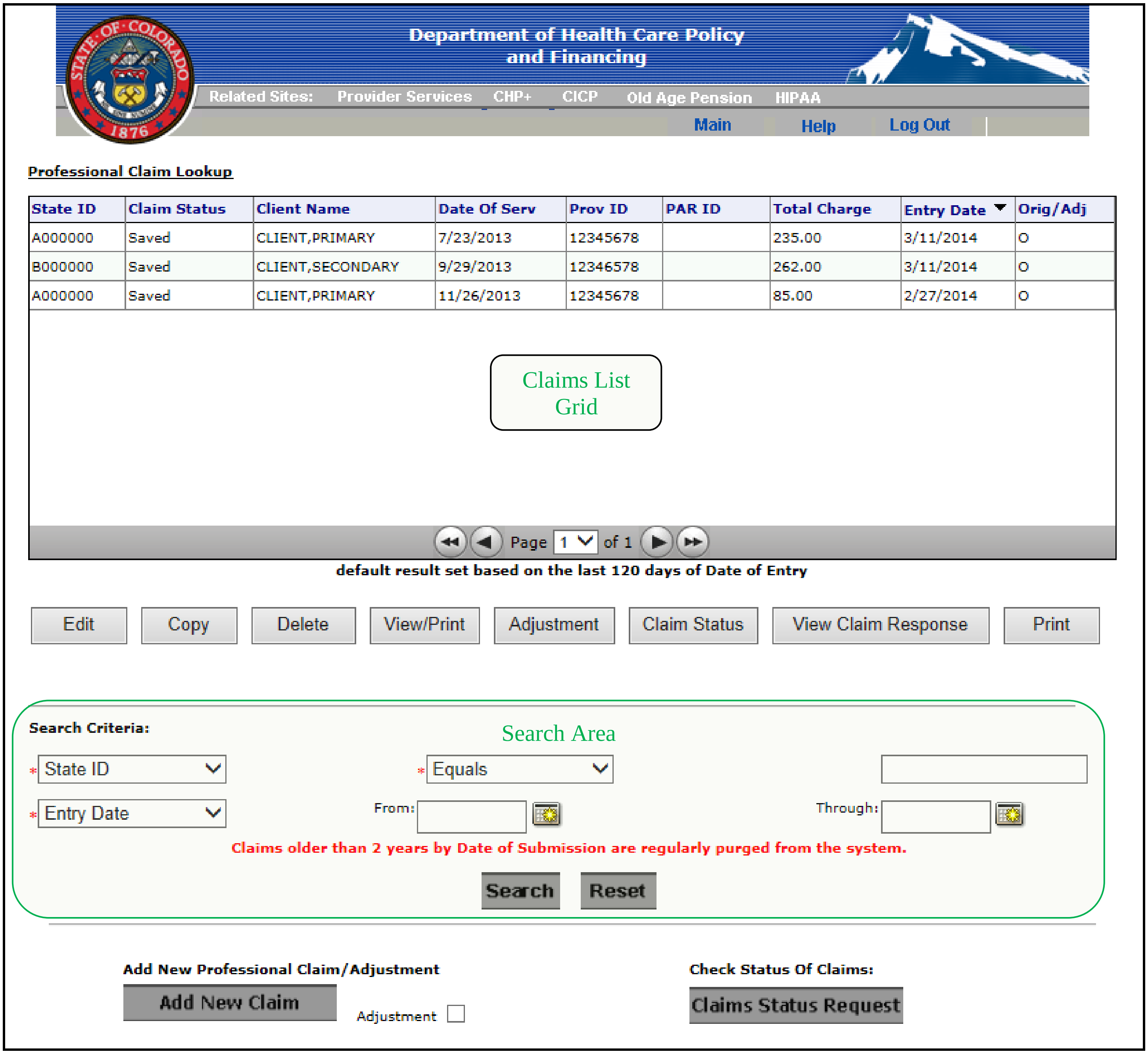

Figure 1 – The Professional Claim Lookup screen displays multiple buttons to allow the user to complete different functions related to claims.

Claims List Grid

The Claims List Grid displays claims with a date of entry within the past 120 days. If a claim does not display, one of the following may be the reason:

- No claims have been saved to the Web Portal
- The date of entry is more than 120 days from the current date
- The **Date of Service** is blank
- A prior search is still active, and the **Reset** button needs to be clicked to clear the search request

Each field column heading contains a sort symbol. The default sort of the Claims List Grid is ascending based on the entry date of the claim. Click on the ascending sort symbol to change the chosen column to descending . To re-sort the column back to ascending, click on the sort symbol again.

If a claim has not been deleted, it can be accessed using the applicable search criteria. However, the claim will not automatically appear in the Claims List Grid if the date of entry is more than 120 days from the current date.

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Add New Claim

A new claim is created and added by selecting the **Add New Claim** button at the bottom of the Professional Claim Lookup screen and then entering the necessary information on a series of five related tabs (Figure 2). The five tabs are:

Tab Name	Tab Description
Client's Information:	Collects general information related to the client and the provider(s).
Claim Information:	Collects accident information and additional claim data.
Other Insurance Information:	Collects information related to other insurance coverage the client may have.
Detail Line Items:	Collects the service line level information related to the services rendered to the client.
Transportation Information:	Collects information related to transportation services provided to the client.

A sixth tab: Errors displays errors resulting from the Web Portal data entry validation process that occurs prior to sending the claim to the MMIS. All errors must be corrected before the claim will be accepted for further processing. The Errors tab will also display system errors that will require you to contact the Help Desk for assistance. Finally, if the MMIS rejects the claim, the Errors tab will display the rejection reason.

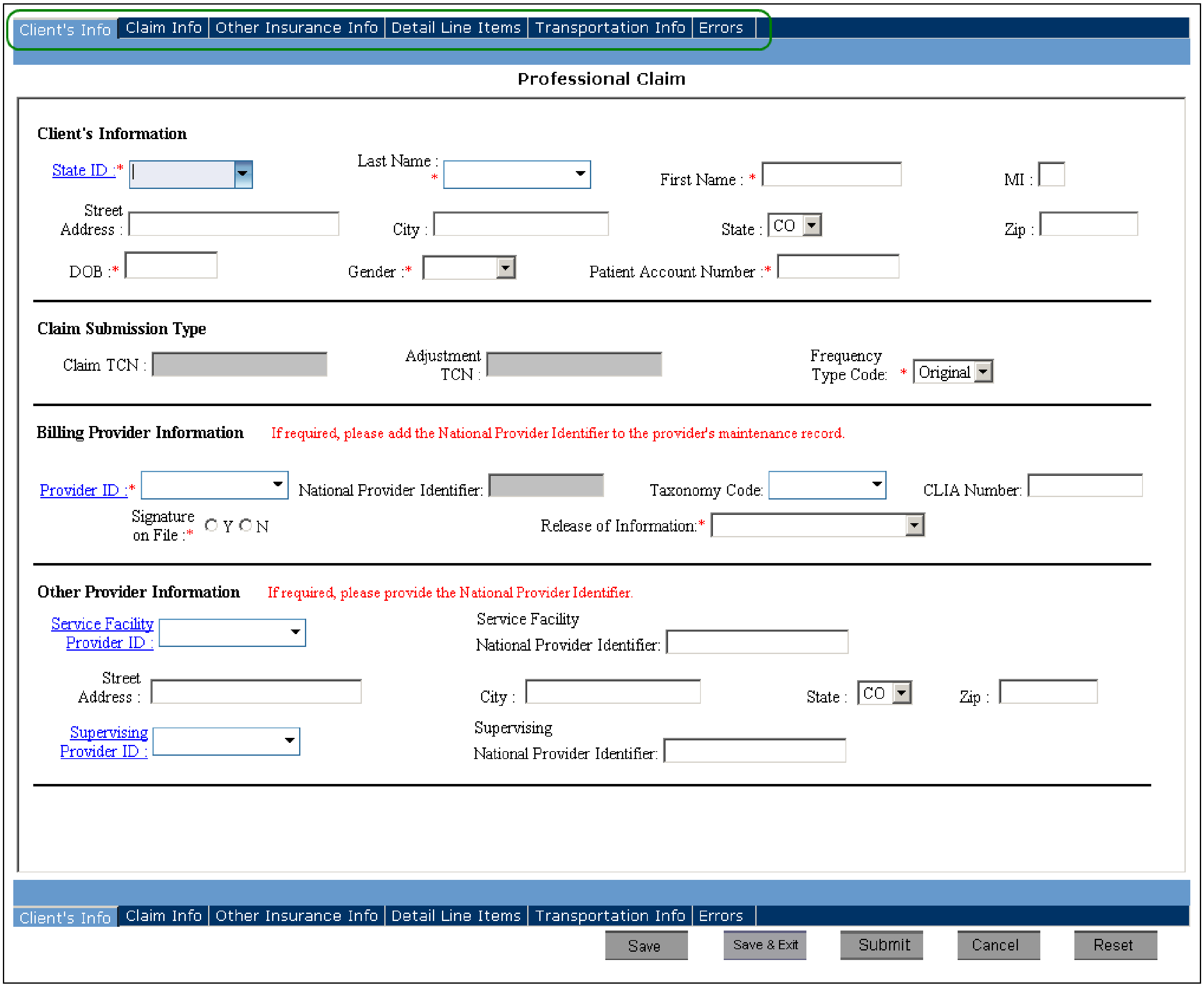


Figure 2 – The tabs involved in adding a new claim can be found at the top of each data entry screen.

Displayed at the bottom of each data entry screen are the following buttons:

Button	Button Action
Save	Use the **Save** button to save the entered claim information and remain on the screen. The system does not perform any data validation edits with a **Save**. Only an entry in the **State ID** field is required to save a new claim.
Save & Exit	Use the **Save & Exit** button to save the entered information and exit the data entry screen. Only an entry in the **State ID** field is required to save a new claim.
Submit	Use the **Submit** button when you want to submit the claim for processing. The claim entry values are automatically saved and the claim entry information is checked for errors. If errors are found, the system will display the Errors tab where each error will be listed with an associated error message. All errors must be corrected before the claim will be accepted for further processing.
Cancel	The **Cancel** button will exit the screen without submitting the claim. You will then be returned to the Professional Claim Lookup screen.
Reset	The **Reset** button will clear all of the fields on the current entry screen and will not submit the claim for processing. You will remain on the same screen.

The steps for adding a claim are as follows:

1. Gather the client information related to the services rendered.
2. Begin entering data in the Client's Information tab and complete all required information on each tab, entering data on each tab through to the Transportation Information tab. Note that each field marked with a red asterisk is a required field.
3. Click on the **Save** button after entering information on each tab by scrolling down to the bottom of the data entry screen. Clicking on the **Save** button before going to another tab is not required but recommended.
4. Click on the **Submit** button after the required information has been entered on all of the tabs. The system will automatically save the current tab entries when the **Submit** button is selected.
5. When applicable, the Errors tab will appear and list all errors. Review the Errors tab, make the required changes, save the changes, and resubmit.

When a claim is submitted and is error free, a screen that says "***Processing Your Request, Please Wait...***" will appear, as shown below (Figure 3):

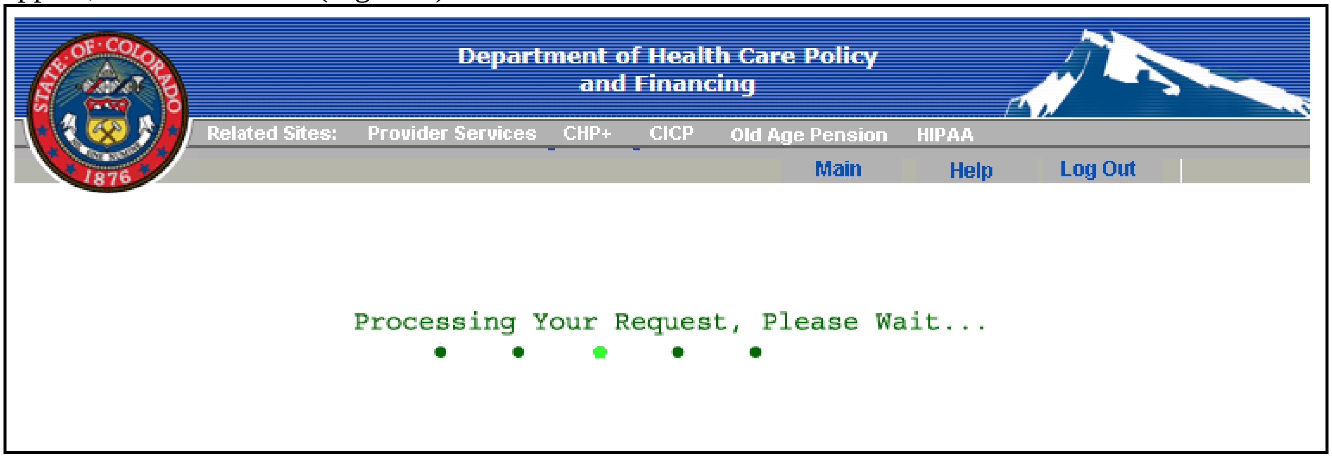
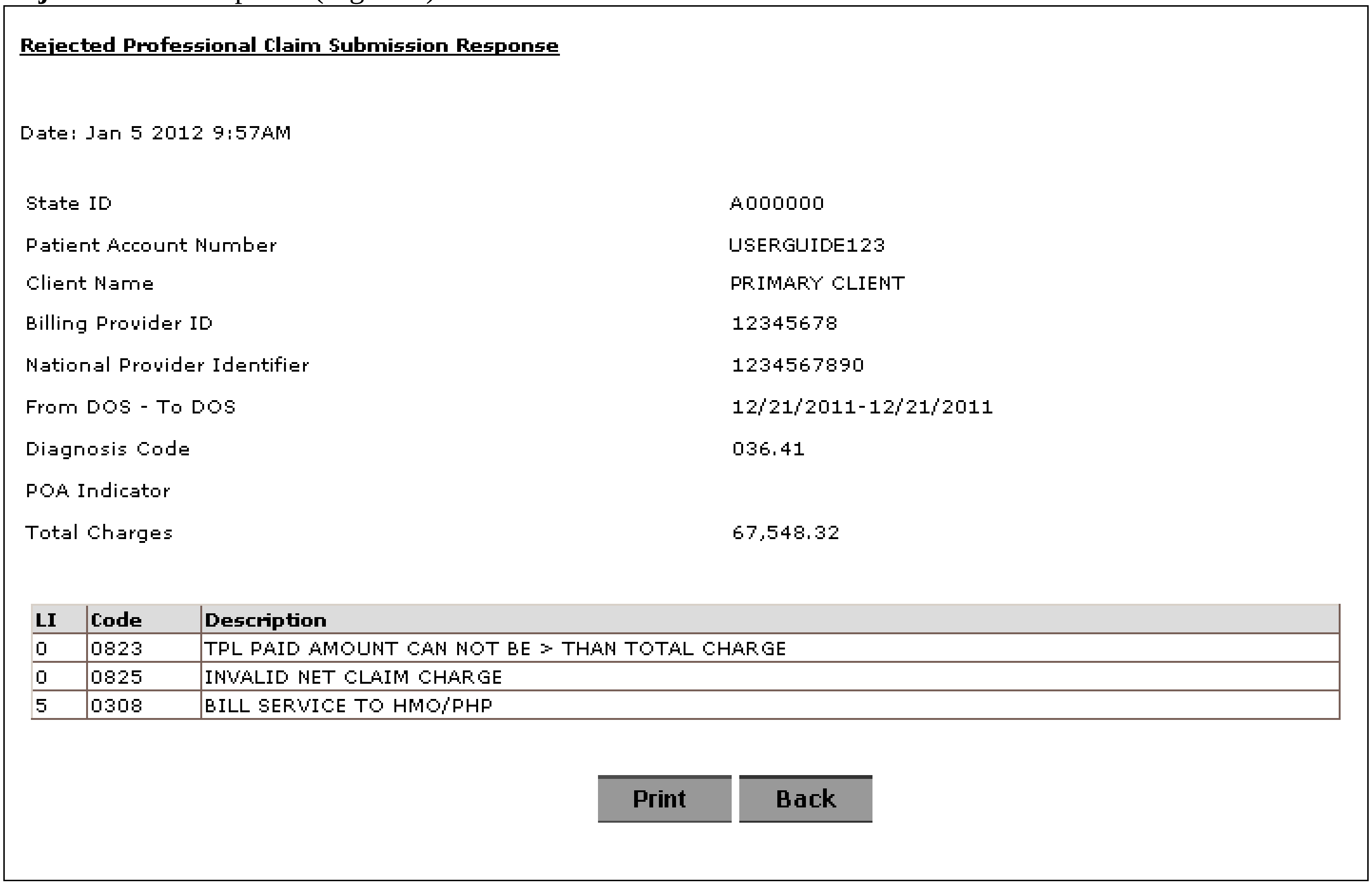


Figure 3 – Processing screen shown when waiting for a system response

A claim response will either be **Accepted**, **Rejected**, or **Suspended**. The following is an example of a **Rejected** claim response (Figure 4):



Rejected Professional Claim Submission Response

Date: Jan 5 2012 9:57AM

State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
National Provider Identifier	1234567890
From DOS - To DOS	12/21/2011-12/21/2011
Diagnosis Code	036.41
POA Indicator	
Total Charges	67,548.32

LI	Code	Description
0	0823	TPL PAID AMOUNT CAN NOT BE > THAN TOTAL CHARGE
0	0825	INVALID NET CLAIM CHARGE
5	0308	BILL SERVICE TO HMO/PHP

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Figure 4 – Rejected Claim Response

All of the claim response screens displayed, after the **Submit** button has been clicked, have the following buttons:

- **Add New Claim**: click this button to continue entering a new claim
- **Add New Adjustment**: click this button to enter a new adjustment claim
- **Print**: click this button to print a copy of the response
- **Back**: click this button to return to the current claim data entry tabs to correct and resubmit the claim.

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Client’s Information

The Client’s Information tab contains four different sections (Figure 5):

1. Client’s Information
2. Claim Submission Type
3. Billing Provider Information
4. Other Provider Information

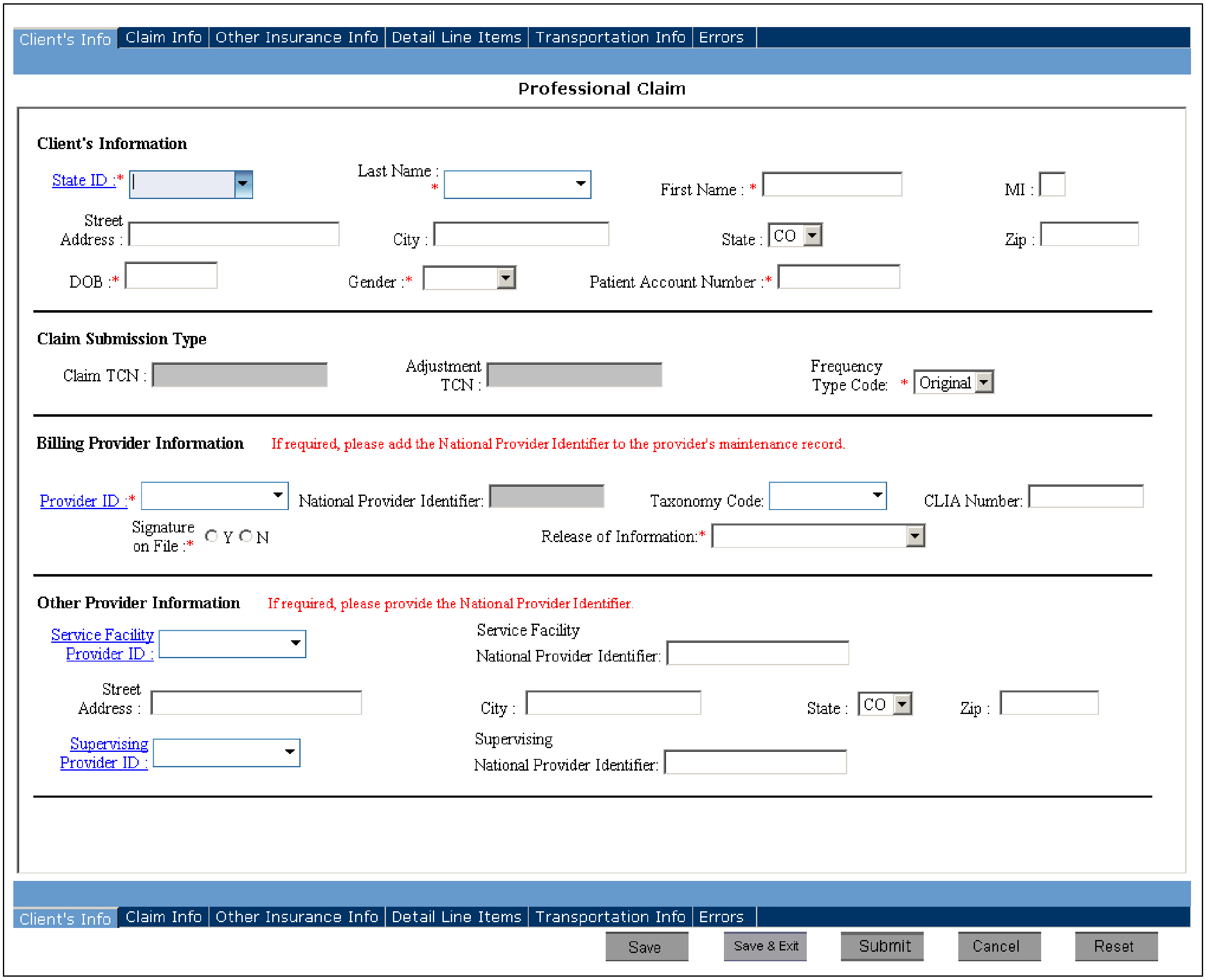

Figure 5 – Client's Information tab

The **State ID**, **Last Name**, **Billing Provider ID**, **Service Facility Provider ID**, and **Supervising Provider ID** have a search feature that will attempt to locate the associated record in the database as you begin to enter data characters. This means that as individual characters are entered, the field will provide a drop-down box with entries that closely match the characters entered. Also, when a client is selected, all necessary information related to the client is automatically populated from your Client Maintenance database.

If a client or provider does not exist in your Web Portal database, you will need to enter the required fields on the Client's Information tab. If you want to enter the client or provider information into your Web Portal database, while in the Client's Information tab, enter the **State ID** or **Provider ID** in the field and then click on the underlined field title. Each field title that is underlined is a link to the support file for that field. The Web Portal will open the corresponding database maintenance screens for the field clicked. Enter the appropriate information.

When a provider or client already exists in your Web Portal database the following message will be displayed: "***Record already exists in the database for this State ID (Provider ID).***" You will not be able to save changes to this existing record. Return to the **Main Menu** of the Web Portal and select the **Data Maintenance** option to make changes. When finished adding the client or provider data to your Web Portal database, click **Save** and you will return to the claim data entry field. In order to select this provider or client's information to populate the remaining relevant fields remove the last digit of the ID, retype the digit, and select the appropriate client or provider from the drop-down box.

Notes:

- The **Billing Provider NPI** must be stored in the provider record. The **Taxonomy Code** may be directly entered in the field drop-down box or selected from the drop-down box when populated. When the **Billing Provider ID** is selected and the **NPI** has already been stored in the provider record, it will display in the grayed-out field.
- For the **Servicing Facility** and **Supervising Provider ID NPI** fields, enter the number directly if known. If stored in the provider record, it will automatically display once the **Servicing Facility** or **Supervising Provider IDs** are selected.
- The Billing Provider and the Rendering Provider are required to be stored in your Web Portal Provider Maintenance database. This is because the transaction requires data that is not on the claim data entry screen. When you submit a claim and get the following error message it is because the provider you entered in the claim is not loaded as a billing provider in your Provider Maintenance database.

  2138-Billing Provider does not exist or Provider is not a billing Provider.

- The speed at which the claims data entry screens open are dependent on the number of clients, providers and codes stored in your Web Portal database. It is advantageous to delete clients, providers, and codes that are not associated to your provider practice.

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Claim Information

The Claim Information tab (Figure 6) collects accident information and additional claim data.

The **Diagnosis Code** field has a context-sensitive function that will automatically display the matching records from the Diagnosis Code database. As you enter the **Diagnosis Code**, the Web Portal will display the closest match from your Diagnosis Code database. The **Diagnosis Code** field is link enabled. By entering a **Diagnosis Code** in the field then clicking on the field name, it will open the Data Maintenance screen where you can add the **Diagnosis Code** and **Description** to your Web Portal Diagnosis Code database for future use. Once the **Diagnosis Code** is saved, you will be returned to the Claim Information tab. You will need to select the new added code for the field entry.

To Add Diagnosis Codes to the Claim:

- Enter the **Diagnosis Code** or select it from the search function.
- Click on the **Add** button to save the entry. The code will display in the **Diagnosis Code Type** grid.

The **Claim Notes/LBOD** field is available for adding an extra notation on a claim and/or to provide the **Late Bill Override Date**. The **Note Reference Code** must be selected when notes are entered. The **Delay Reason Code** field is required to process a **Late Bill Override Date**.

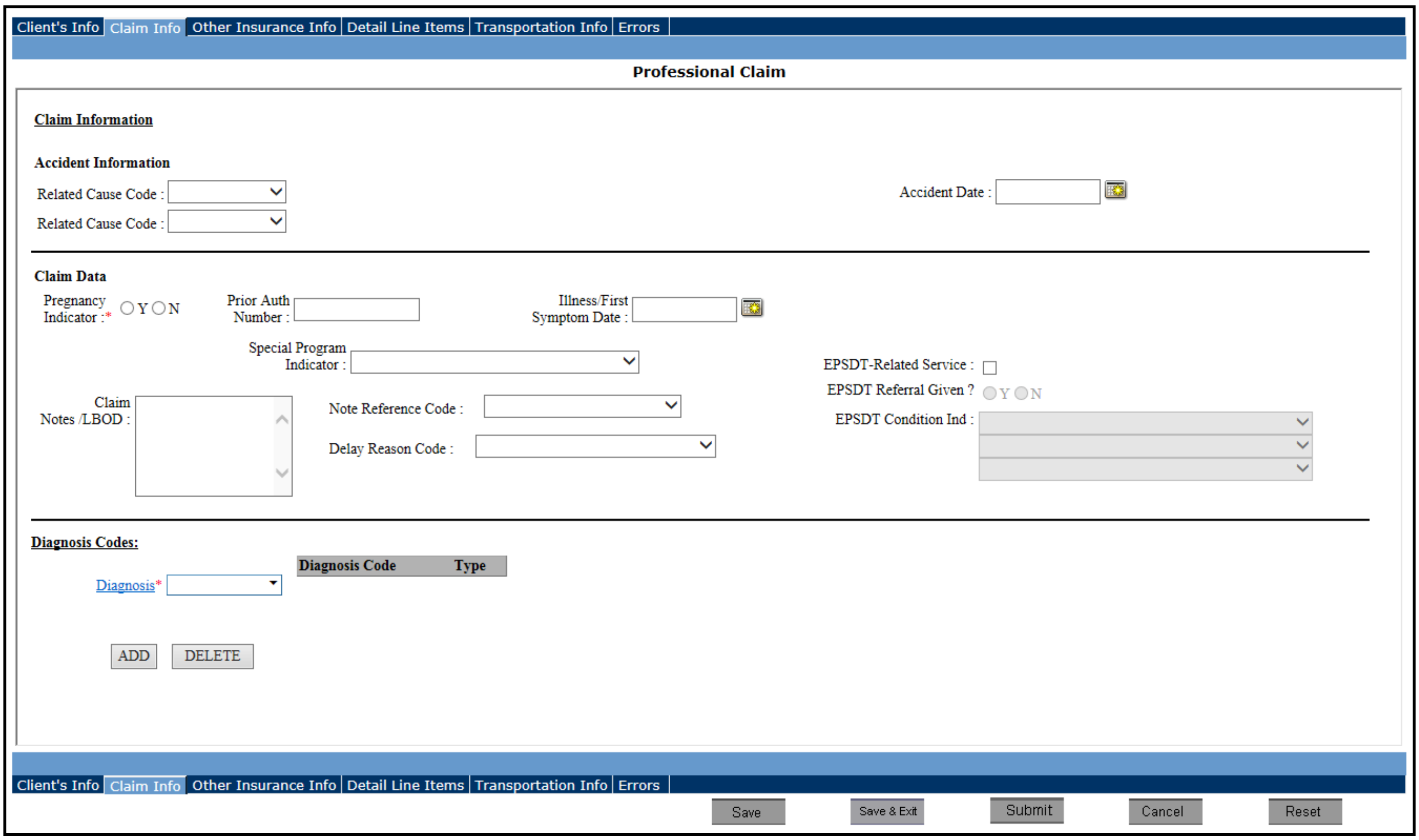

Figure 6 – Claim Info tab

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Other Insurance Information

The Other Insurance Information tab (Figure 7) collects information on the other insurance(s) under which the client may have coverage. A selection must be made from the four choices available in the drop-down box next to Other Insurance Coverage. The four choices are:

None	Select this if no other coverage exists for the client. No other field will be required.
Medicare	If this is selected, the sections **Insured's Information** and **Medicare Information** are required.
Third Party Liability (TPL)	If this is selected, the sections **Insured's Information** and **Insurance Information** are required.
Both	If this is selected, the entire screen is required.

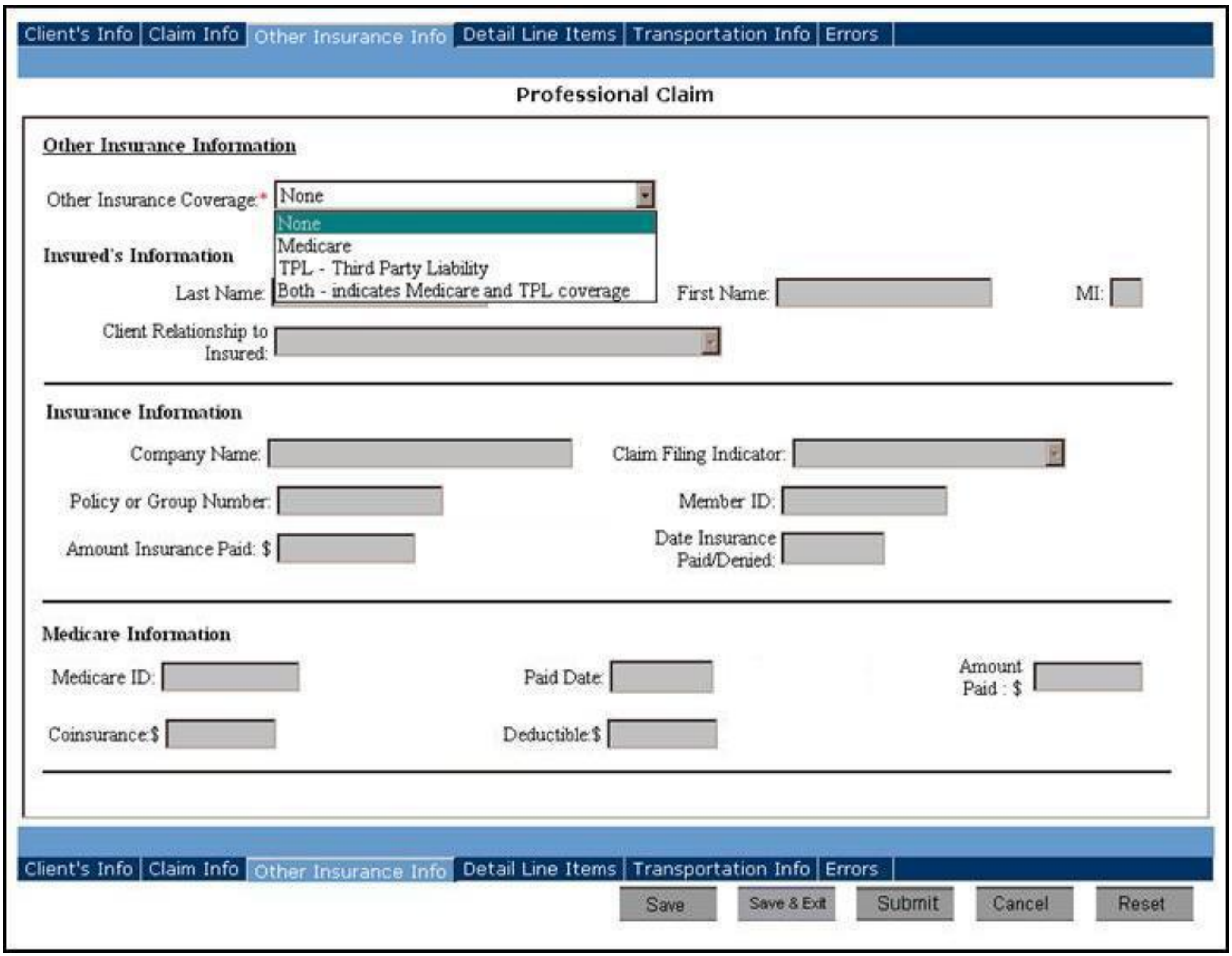

Figure 7 – Other Insurance Information tab

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Detail Line Items

The Detail Line Items tab (Figure 8) collects information on the services provided to the client. The **Total Charge** field must equal the sum of all of the charge amounts pertaining to this claim. If the sum of all the charges does not equal the **Total Charge** that is entered, an error will occur after the **Submit** button is selected.

Terms and Conditions in the Detail Line Items tab must be accepted to complete the submission of a claim. Click the **Terms and Conditions** link to view the claim disclosure agreement. If the checkbox associated with the **Terms and Conditions** is not checked, an error will occur after the **Submit** button is selected.

Functions available to manage detail line items are as follows:

Add a Detail Line Item:

1. Enter the information for the service rendered in the field entry boxes.
2. Click on the **Add Line Item** button to save the service.
3. Verify the entry in the detail summary grid at the bottom of the screen.

Edit/Update a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid located at the bottom of the screen. The contents of the line will appear in the data entry area at the top of the screen.
2. Make the necessary changes to the service in the applicable field entry boxes.
3. Click on **Update Line Item** to save the changed service.

Note: If the **Procedure Code** field is changed, the **Rate** attached to the new **Procedure Code** from your Procedure Code Maintenance database will be reflected in the **Charge Amount** field.

Copy a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid located at the bottom of the screen. This will display the line item contents in the pertinent field entry boxes.
2. Make any necessary changes to the service in the applicable field entry boxes.
3. Click on **Add Line Item** to save the new service.

Delete a Detail Line Item:

1. Highlight the service by clicking on the row in the detail summary grid at the bottom of the screen.
2. Click on the **Delete Line Item** button to delete the service. Note: The system will not provide a delete confirmation box prior to deleting a service; therefore, verify that the highlighted service is the correct service to be deleted prior to clicking on the **Delete Line Item** button.

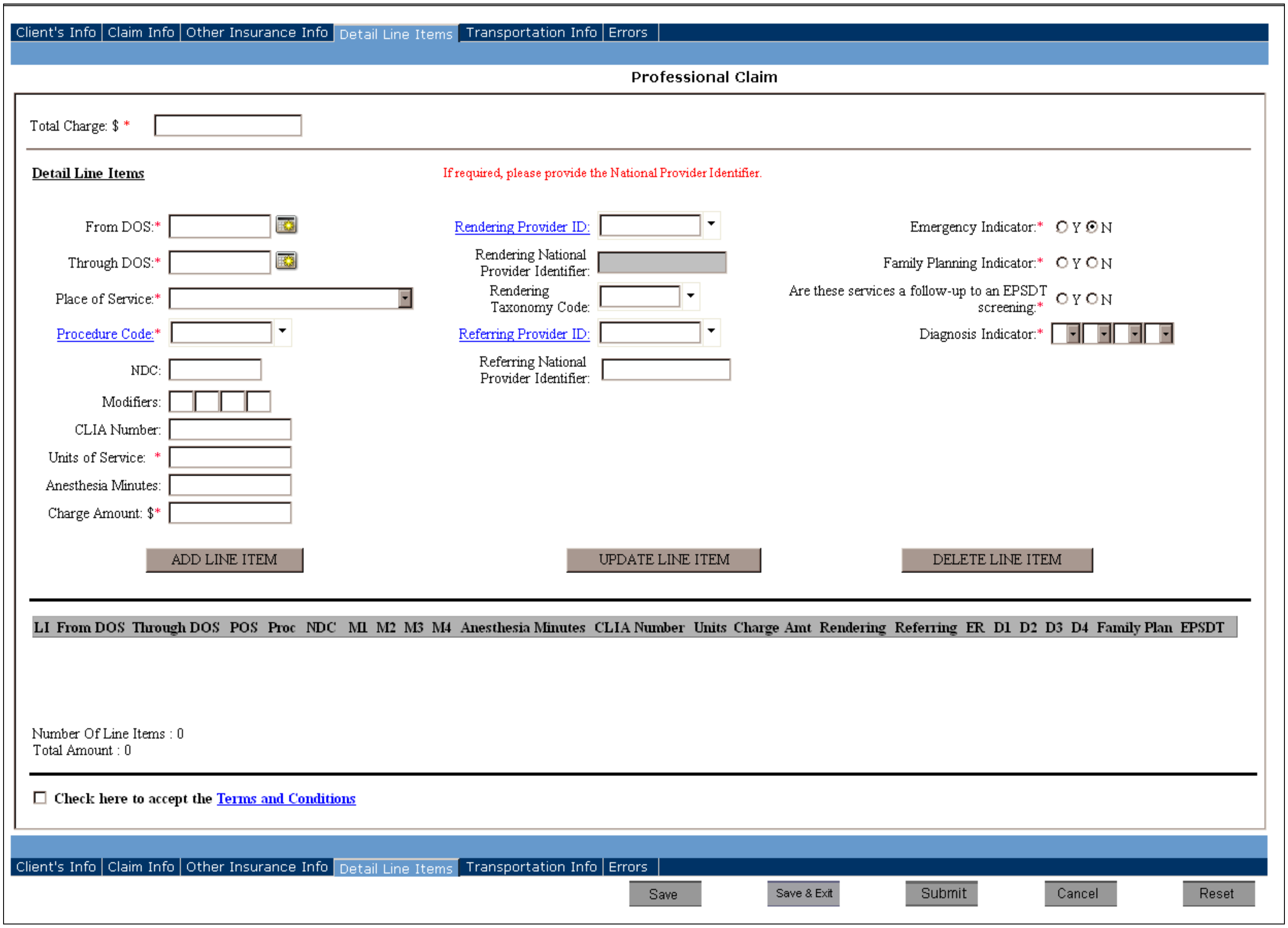

Figure 8 – **Detail Line Items tab**

The underlined field tags for **Procedure Code**, **Rendering Provider ID**, and **Referring Provider ID** are links to the support file for that field. The Web Portal will open the corresponding database maintenance screens for the field clicked. Enter the appropriate code or ID and click the underlined field tag. Enter the appropriate information in the entry screen.

When a provider or code already exists in your Web Portal database the following message will be displayed: "***Record already exists in the database for this Provider ID (Code).***" You will not be able to save changes to this existing record. Return to the **Main Menu** of the Web Portal and select the **Data Maintenance** option to make changes. When finished adding the provider or code data to your Web Portal database, click **Save** and you will return to the claim data entry field. In order to select this provider or code information, remove the last digit of the ID, retype the digit, and select the appropriate provider or code from the drop-down box.

The **NPI** for the rendering provider will automatically fill in the grayed out field if the **NPI** has been entered in the provider record. Enter the **Taxonomy Code** from the drop-down box if values have been entered, otherwise enter the **Taxonomy Code**. For the referring provider, enter the **NPI** directly if it has not been stored with the **Provider ID**.

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Transportation Information

The Transportation Information tab (Figure 9) is not a required tab. The **Transportation Certification** field is defaulted to **N** (No) and no other fields on the tab will be required. When a **Y** (Yes) is selected in the **Transportation Certification** field, all of the fields in the tab become required.

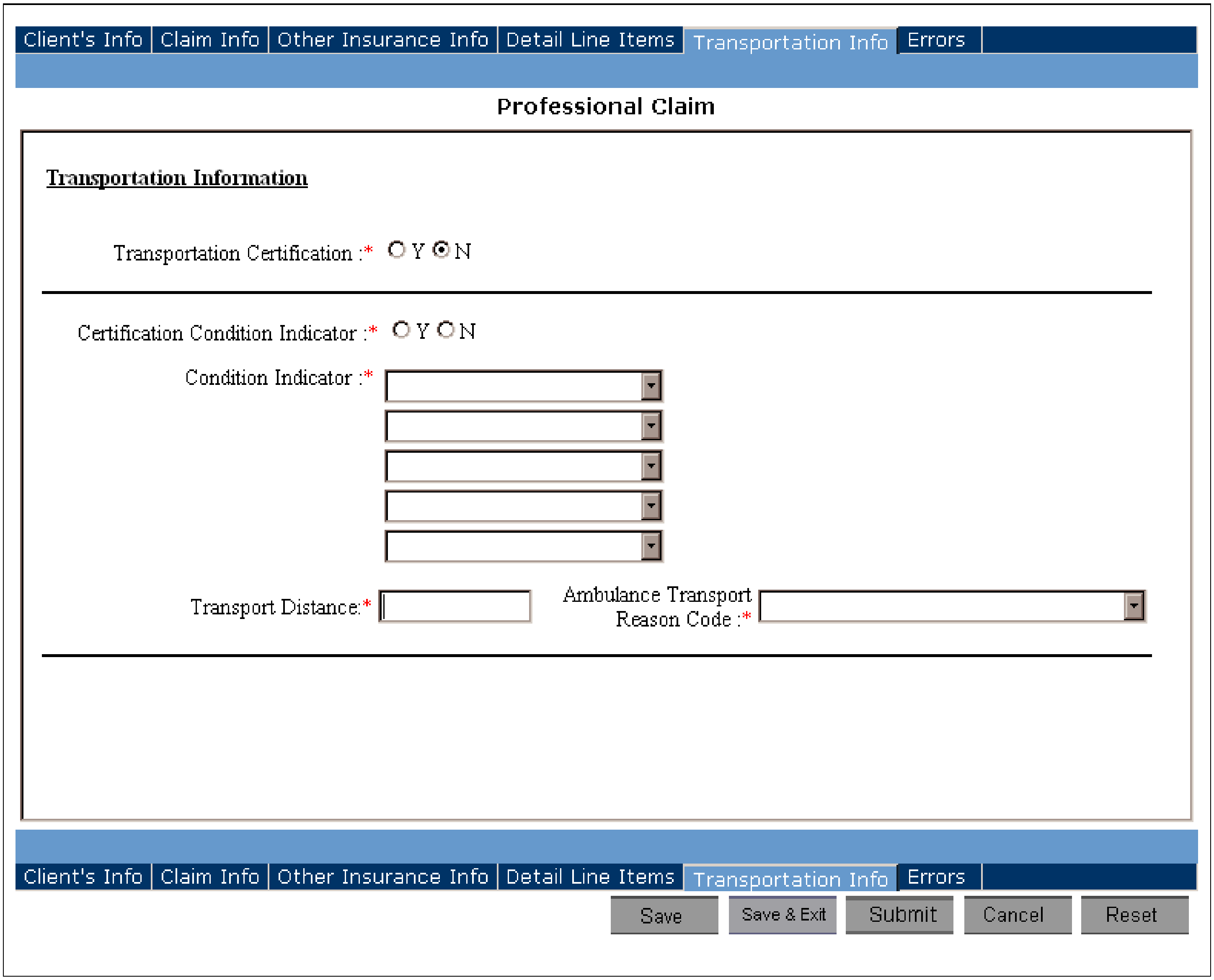

Figure 9 – Transportation Information tab

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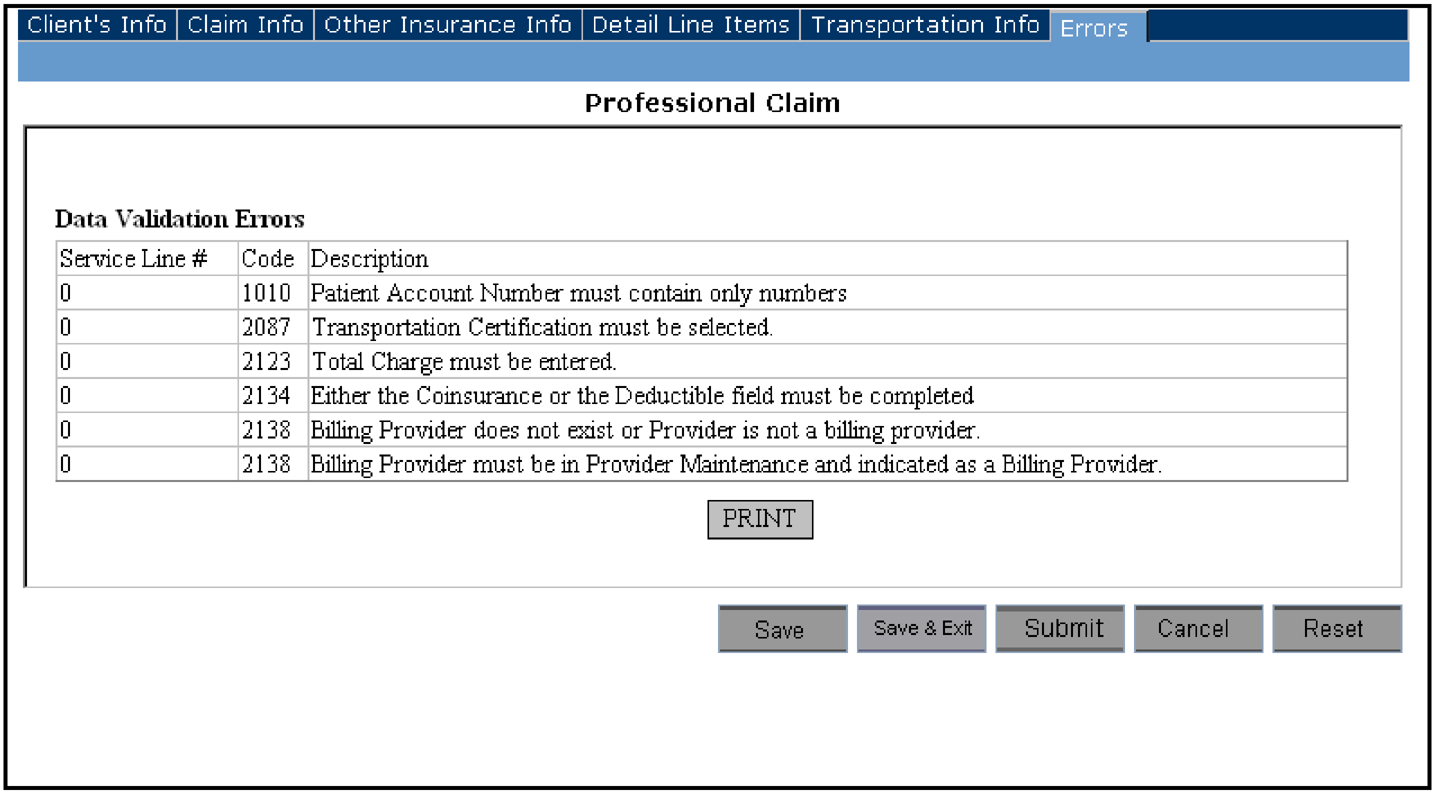
Errors

The Errors tab displays all errors that occurred when the **Submit** button was selected. Errors related to the data entered for the claim will appear under the title of **Data Validation Errors** (Figure 10).



Service Line #	Code	Description
0	1010	Patient Account Number must contain only numbers
0	2087	Transportation Certification must be selected.
0	2123	Total Charge must be entered.
0	2134	Either the Coinsurance or the Deductible field must be completed
0	2138	Billing Provider does not exist or Provider is not a billing provider.
0	2138	Billing Provider must be in Provider Maintenance and indicated as a Billing Provider.

Figure 10 – The Errors tab with Data Validation Errors

All **Data Validation Errors** must be corrected before the claim will be accepted for further processing. The **Data Validation Errors** display consists of the following three columns:

- **Service Line #:** A **Service Line #** of **0** indicates that the error exists on a tab other than Detail Line Items. If the error is related to a detail line item, the **Service Line #** will be a linked field (underlined) whereby clicking on it will take you to the tab that contains the error.
- **Code:** This field displays the error code that will assist the Help Desk if you call with questions.
- **Description:** This field displays a short description of the nature of the error.

Errors related to system problems will appear under the title of **System Errors** (Figure 11). **System Errors** relate to problems encountered by the Web Portal. If you encounter **System Errors**, resubmit the claim. If the **System Errors** occur again, contact the Help Desk for further assistance. **System Errors** require no data entry changes; the details displayed are for informational use only.

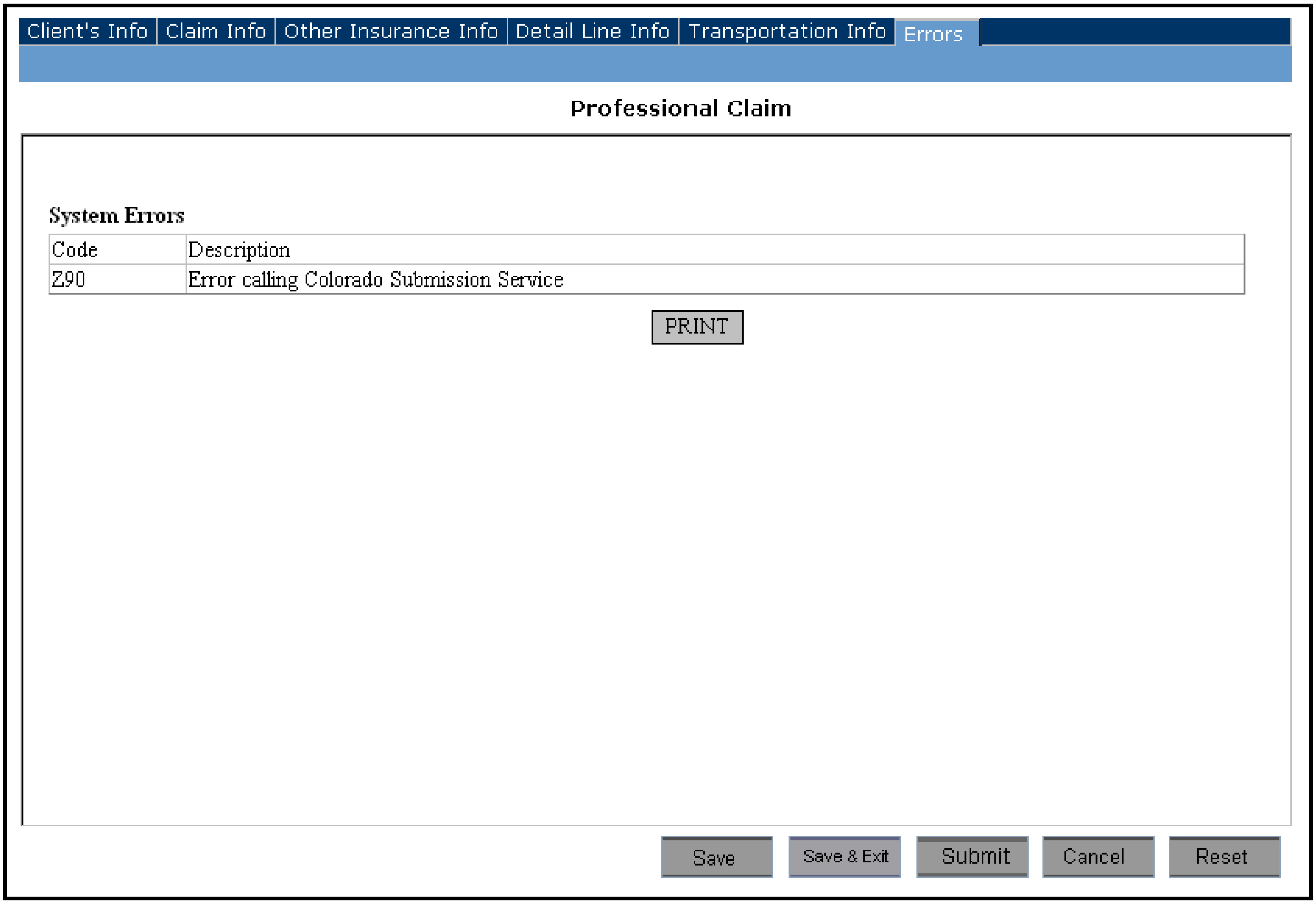


Figure 11 – The Errors tab with System Errors

The Errors tab can be printed by clicking on the **Print** button, selecting the printer from the printer dialog box, and clicking on **Print**.

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Edit a Claim

Only claims with a **Status** of **Rejected**, **Errors**, or **Saved** can be edited. To edit a claim:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Edit** button.
4. The Web Portal will open up the claim.
5. Make all of the necessary edits on each tab.
6. Save the edited claim by clicking on either the **Save** button which will keep you on the same screen or the **Save & Exit** button which will take you to the Professional Claim Lookup screen.
7. Click on the **Submit** button to submit the claim to the MMIS. The claim will be checked for errors. If errors are encountered, the Errors tab will appear. All errors must be corrected before the claim will be accepted for further processing.

Copy a Claim

To copy a claim:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Copy** button.
4. The Portal will open up the claim. All of the original claim values will be copied to the new claim with the exception of the **Transaction Control Number** (**TCN**).
5. The copied claim may be saved or submitted at any time.
6. To return to the Professional Claim Lookup screen, click on the **Save & Exit** button.

Delete a Claim

To delete a claim:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Delete** button.
4. A delete confirmation box will appear. Verify that the highlighted claim is the correct claim to be deleted, and then click **OK**.

View or Print a Claim

To view or print a claim:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **View/Print** button to open up a new screen with the formatted claim display (Figure 12).

Professional Claim

Claim Submission Status: Errors | **Submission Date:** 01/09/2012 | **Submission Time:** 11:19:45

Client's Information

State ID: A000000 | **DOB:** 01/01/1111 | **Gender:** Male
Last Name: CLIENT | **First Name:** PRIMARY | **MI:**
Street Address: 1570 GRANT STREET | **City:** DENVER | **State:** CO
Patient Account Number: USERGUIDE123 | **Zip:** 80203

Claim Submission Type

Claim TCN: | **Adjustment TCN:** | **Frequency Type Code:** Original

Billing Provider Information

Provider ID: 12345678 | **National Provider Identifier:** 1234567890 | **Taxonomy Code:** | **CLIA Number:**
Signature On File: Yes | **Release Of Information:** Y

Other Provider Information

Service Facility Provider ID: | **Service Facility NPI:** | **Supervising Provider ID:** | **Supervising NPI:** | **City:**
Street Address: | **State:** CO | **Zip:**

Accident Information

Related Cause Code:
Related Cause Code:

Claim Data

Pregnancy Indicator: No | **Special Program Indicator:** | **Total Charge:** 70.00
Diag 1: 0340 | **EPSDT Cond Ind 1:** | **Prior Auth Number:**
Diag 2: 001 | **EPSDT Cond Ind 2:** | **Delay Reason Code:**
Diag 3: | **EPSDT Cond Ind 3:** | **Note Reference Code:**
Diag 4: | **Illness/First Symptom Date:** 12/11/2011 | **EPSDT Referral Given:** No
Client Amount Paid: | **Claim Notes/LBOD:**

Insured's Information

Other Insurance Coverage: None
Last Name: | **First Name:** | **MI:**
Relationship to Client:

Insurance Information

Company Name: | **Policy/Group Number:** | **Member ID:**
Amount Ins Paid: | **Date Insurance Paid/Denied:** | **Claim Filing Indicator:**

Medicare Information

Medicare ID: | **Paid/Denied Date:**
Coinsurance: | **Deductible:** | **Amount Paid:**

Detail Line Items

LI	From DOS	Through DOS	POS	Proc Code	NDC	M1	M2	M3	M4	Anesth Min	CLIA Number	Units
1	12/22/2011	12/22/2011	12	S5130								5
2	12/24/2011	12/24/2011	12	S5130								2

LI	Charge Amount	Rendering	Referring	ER	Diag Ind 1	Diag Ind 2	Diag Ind 3	Diag Ind 4	Fam Plan
1	50.00			No	1				No
2	20.00			No	1				No

Transportation Information

Transportation Certification: No | **Condition Ind 1:** | **Condition Ind 2:**
Ambulance Transport Reason Code: | **Condition Ind 3:** | **Condition Ind 4:**
Condition Ind 5: | **Transport Distance:** 0
Certification Cond Ind:

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Figure 12 – View/Print claim preview example

4. Click on the **Print** button, select the printer from the printer dialog box, and click on **Print**.
5. Click on the **Back** button to return to the Professional Claim Lookup screen.

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Search for a Claim

To search for a claim:

1. From the **Search Criteria** section of the Professional Claim Lookup screen, select the element by which to conduct the search. The searchable fields are available from two drop-down boxes; one drop-down box allows for conducting a search using the **Date of Service** or the **Entry Date** and the other drop-down box provides for searching using more specific data related to the columns on the screen (Figure 13).

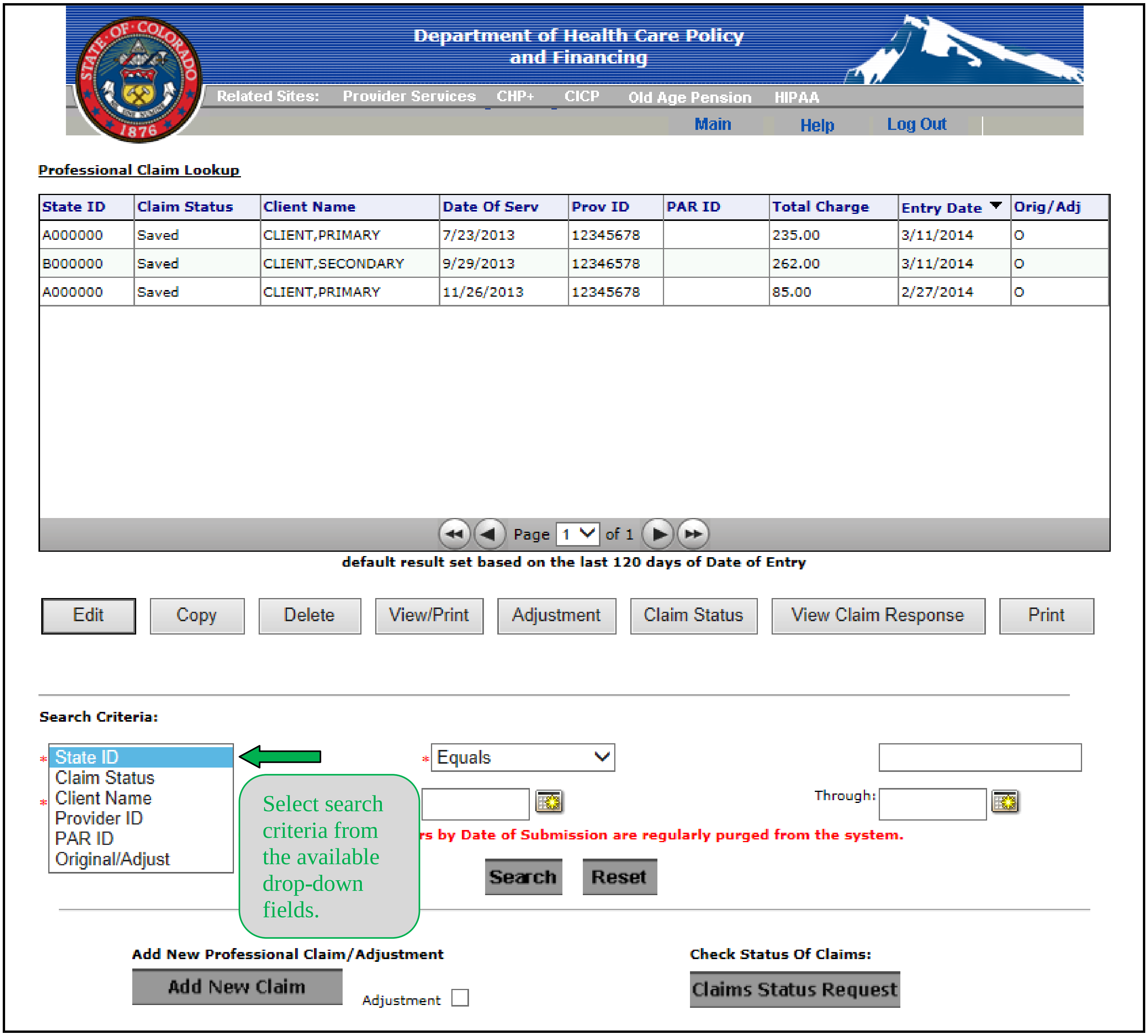

Figure 13 – Searchable fields example

2. The box below the **From** date entry box provides for using **Equal**, **Begins With**, or **Contains** (Figure 14) as search parameters to search for a claim. Select the parameter from the drop-down box and then enter the value by which to search in the entry box to the right.

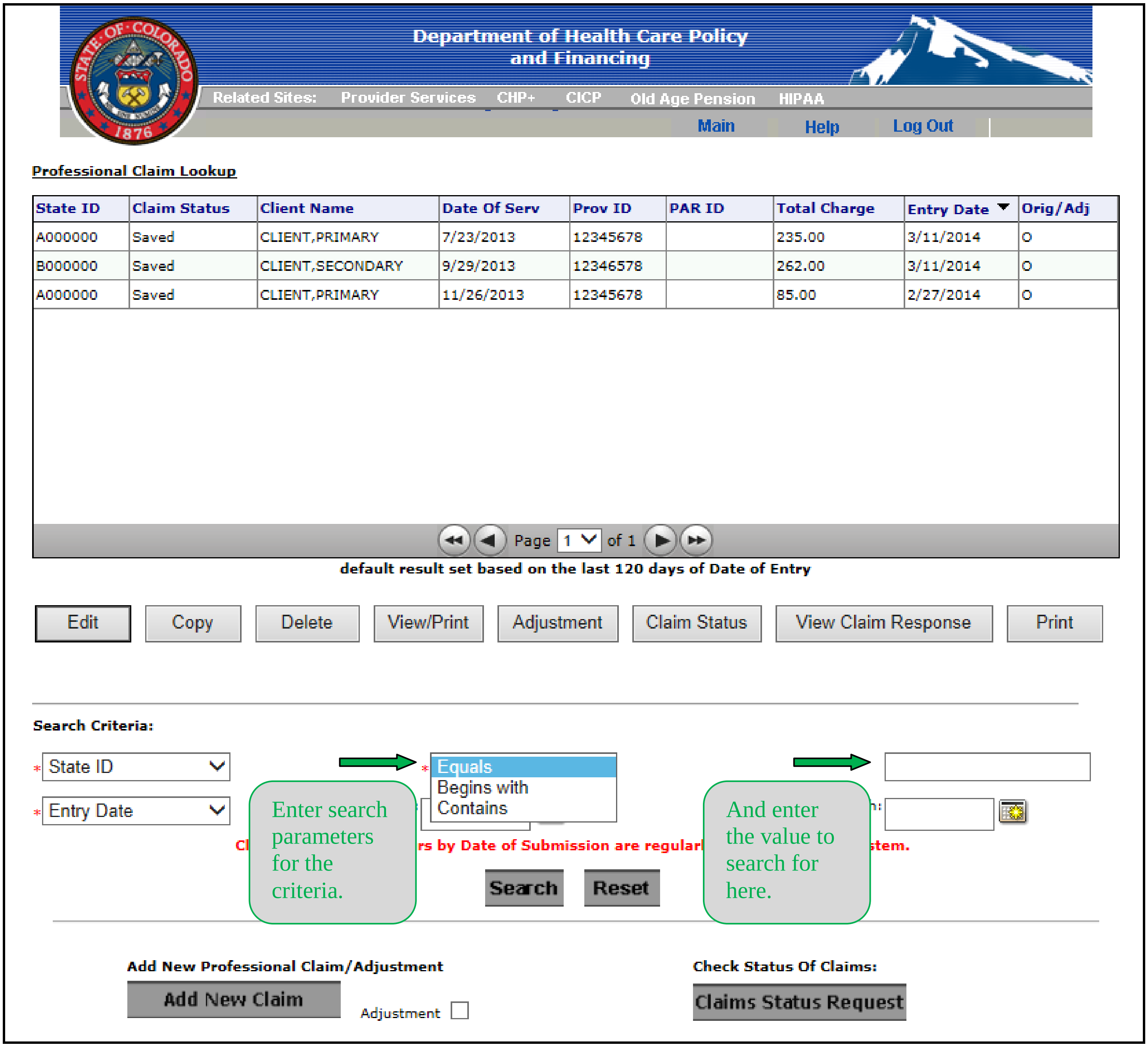

Figure 14 – Search parameters and search value fields

3. If searching using dates (Figure 15), enter the date range using the **From** and **Through** date entry boxes by entering specific dates or select a date from the calendar button located to the right of the date entry boxes. **Note:** The date in the **Entry Date** column will reflect the date the claim was first entered. This date will not change, regardless if it takes a few days to correct any errors in order for the Web Portal to accept the claim.

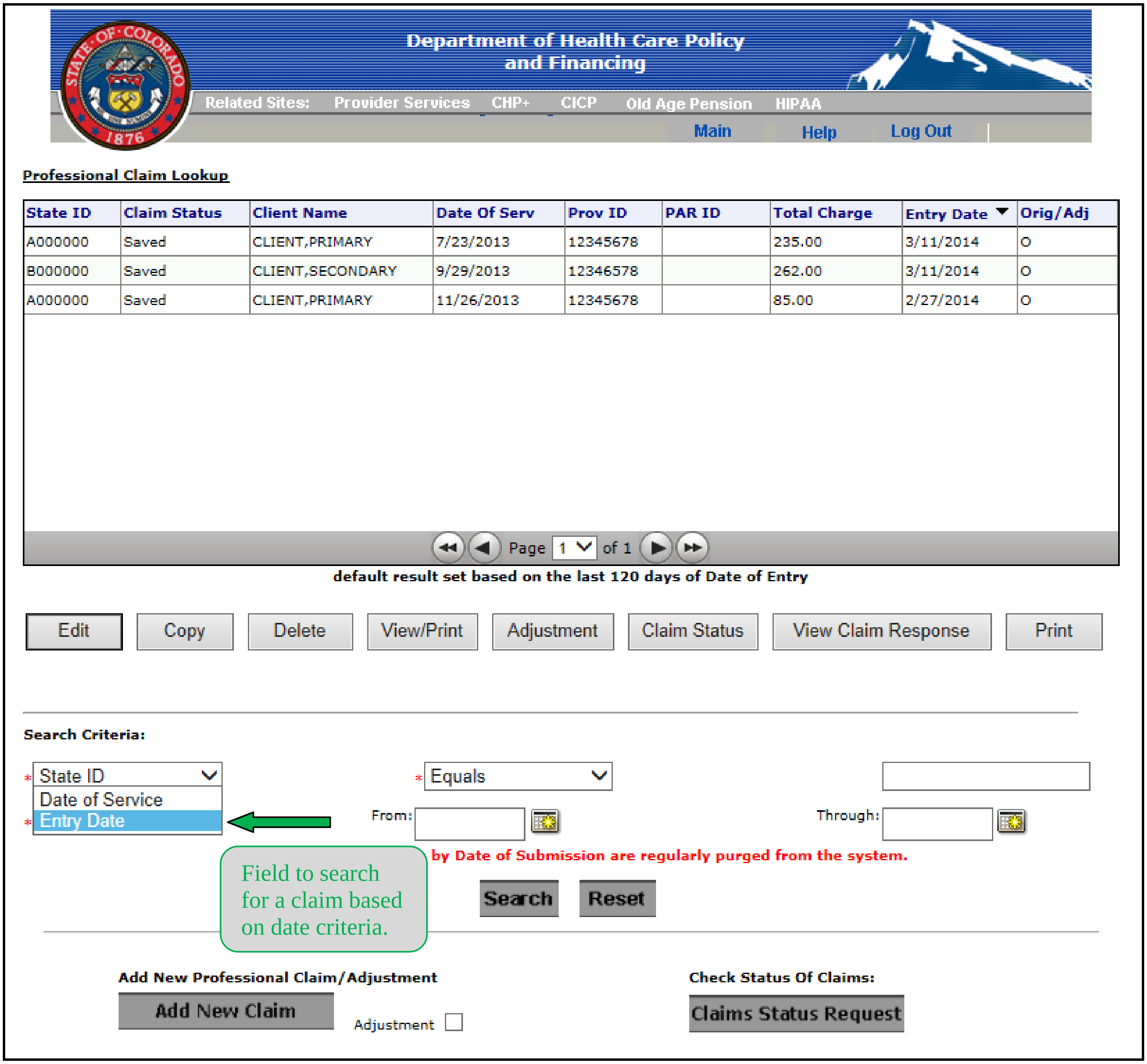

Figure 15 – Searchable date fields

4. When the criteria have been entered, initiate the search by clicking on the **Search** button. The results will display in the Claims List Grid.
5. Use the Claims List Grid paging functions (arrow buttons at the bottom of the grid and page drop-down) to navigate through the claims should more than one meet the search criteria.

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Create an Adjustment

The Web Portal allows users to submit adjustments to an original claim. Only claims with a **Status** of **To Be Paid** or **Paid** can be adjusted.

To submit an adjustment for claim that was submitted from your Web Portal database:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **Adjustment** button. The data entry tabs will be automatically populated with information from the selected claim.
4. On the Client Information tab, select either **Replacement** or **Void** claim from the **Frequency Type Code** drop-down box and enter appropriate changes to the claim.
5. Save the claim by clicking on the **Save** button.
6. Click on the **Submit** button to send the claim to the MMIS. Adjustments accepted by the MMIS will be returned with a **TCN** in the claim response. If a submitted adjustment is rejected, error codes will be returned. Once these error codes have been corrected the adjustment can be resubmitted. Click the **Back** button on the claim response to return to the Professional Claim Lookup screen.

To submit an adjustment for a claim that does not exist in your Web Portal database:

1. Click on the **Adjustment** check box next to the **Add New Claim** button at the bottom of the Professional Claim Lookup screen.
2. Click on the **Add New Claim** button.
3. Enter the claim information on each of the five tabs.
4. Enter the original claim **Transaction Control Number** (**TCN**) on the Client's Information tab.
5. Select either **Void** or **Replacement** from the **Frequency Type Code** field drop-down box.
6. Click on the **Save** button to save the claim. The claim will now be saved to your Web Portal claims database.
7. Click on the **Submit** button to send the claim to the MMIS. Adjustments accepted by the MMIS will be returned with a **TCN** in the claim response. If a submitted adjustment is rejected, error codes will be returned. Once these error codes have been corrected the adjustment can be resubmitted. Click the **Back** button on the claim response to return to the Professional Claim Lookup screen.

Claim Status

There are two ways to obtain a **Claim Status** on a claim:

1. If the claim is already in your Web Portal database, simply search for the claim, highlight it, and click on the **Claim Status** button located directly beneath the Claims List Grid. The **Claim Status** button cannot be used on claims with a **Status** of **Saved** or **Error**. A Claim Status Response screen will appear with the updated **Status**. The system will automatically update the **Claim Status** field to reflect the response received from the MMIS. The updated **Status** will now appear in the Claims List Grid on the Professional Claim Lookup screen.
2. If the claim is not in your Web Portal database, click on the **Claims Status Request** button at the bottom of the screen to open the Claims Status Request screen. Enter the required information and click on the **Submit** button. A Claims Status Response screen will appear with the updated **Status** (see also: Claim Status Inquiry User Guide).

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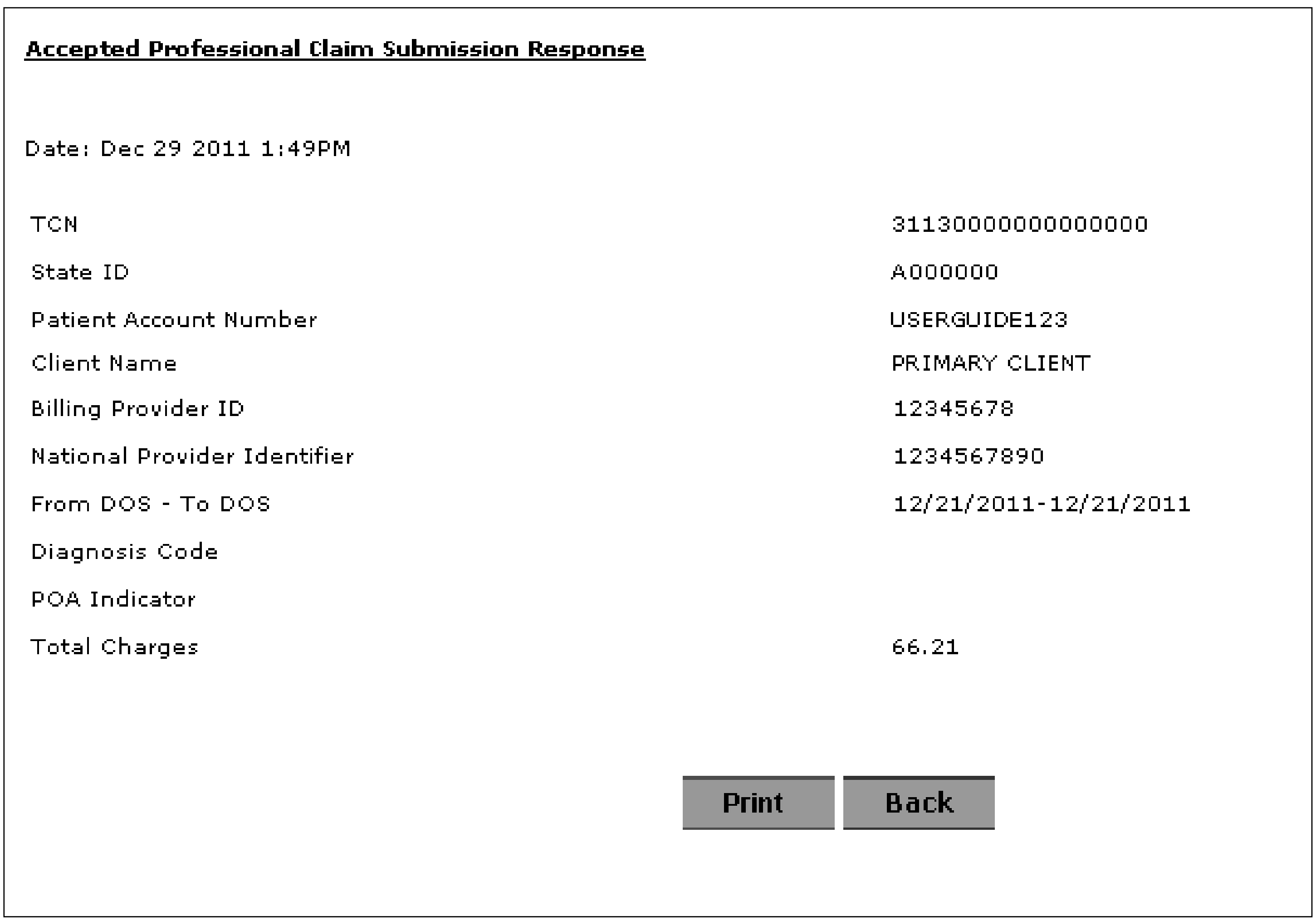
View Claim Response

During the claim submission process, if the Web Portal claim validation process does not encounter any entry errors, the claim will be accepted by the MMIS for processing. If the MMIS does not encounter any technical processing issues, the MMIS will pre-adjudicate the claim, perform its own validation process for errors and will generate a claim submission response. Once the Web Portal receives this response, the Web Portal will update your claim database with the **Claim Status** and display the submission response to you. Claims accepted by the MMIS will receive a **Transaction Control Number** (**TCN**) in the claim response. Rejected claims will not receive a **TCN** and will be returned with error codes. Once these errors are corrected the claim can be resubmitted. The **View Claim Response** button will not be available with a **Status** of **Saved** or **Error**.

To view the submission response for a particular claim:

1. Search for the claim in the **Search Criteria** section of the Professional Claim Lookup screen in order for it to display in the Claims List Grid.
2. Click on the claim to highlight it.
3. Click on the **View Claim Response** button.
4. If available, the system will display the response in a new screen. You may print the response by clicking on the **Print** button or select the **Back** button to return to the Professional Claim Lookup screen.

The following is an example of a claim submission response that shows a claim was accepted by the MMIS:



Accepted Professional Claim Submission Response

Date: Dec 29 2011 1:49PM

TCN	31130000000000000
State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
National Provider Identifier	1234567890
From DOS - To DOS	12/21/2011-12/21/2011
Diagnosis Code	
POA Indicator	
Total Charges	66.21

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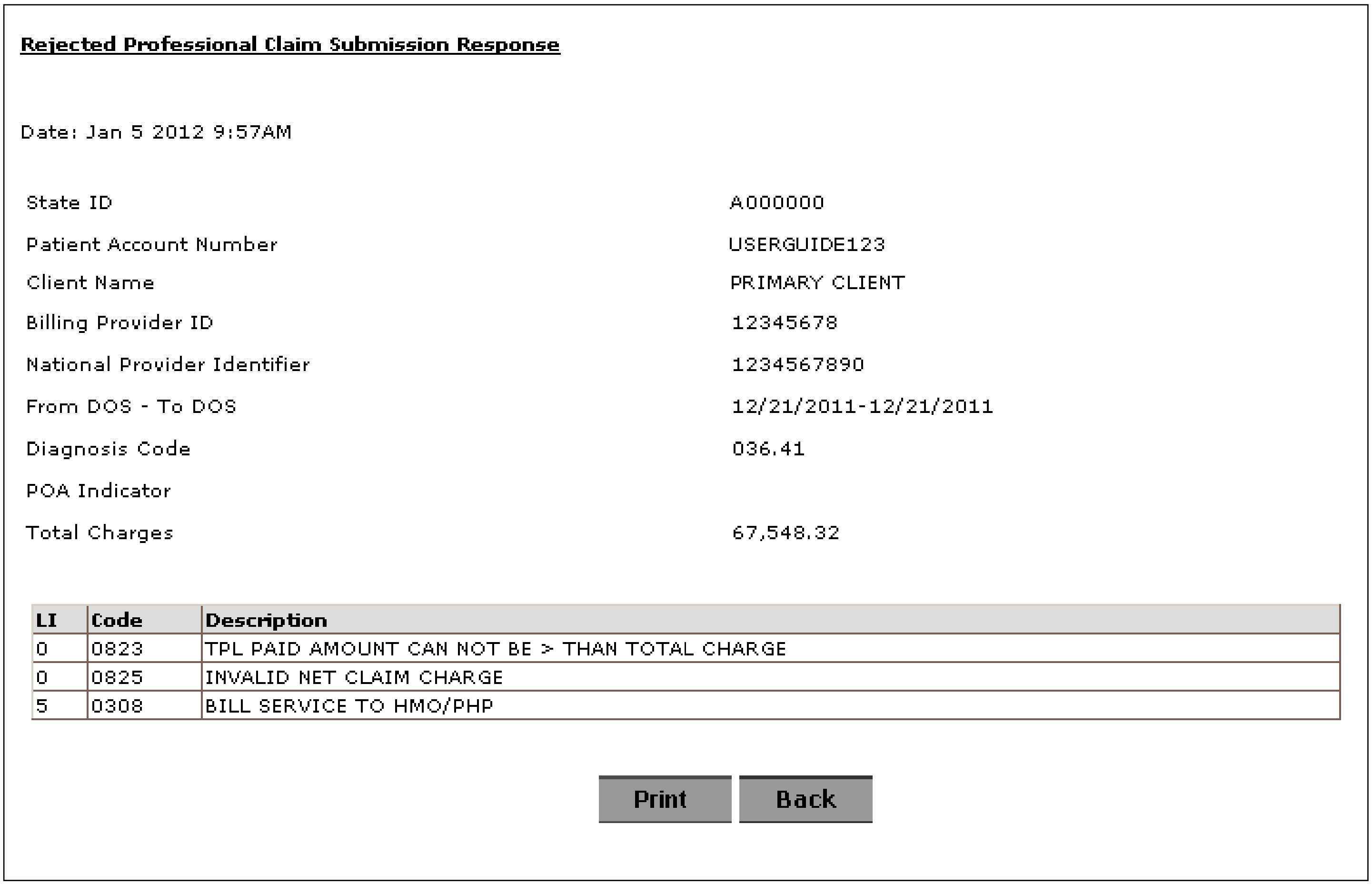
Figure 16 – Example of an Accepted Claim Response

The following is an example of a claim submission response that shows a claim was rejected by the MMIS:



Rejected Professional Claim Submission Response

Date: Jan 5 2012 9:57AM

State ID	A000000
Patient Account Number	USERGUIDE123
Client Name	PRIMARY CLIENT
Billing Provider ID	12345678
National Provider Identifier	1234567890
From DOS - To DOS	12/21/2011-12/21/2011
Diagnosis Code	036.41
POA Indicator	
Total Charges	67,548.32

LI	Code	Description
0	0823	TPL PAID AMOUNT CAN NOT BE > THAN TOTAL CHARGE
0	0825	INVALID NET CLAIM CHARGE
5	0308	BILL SERVICE TO HMO/PHP

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Figure 17 – Example of a Rejected Claim Response

To locate the error code description for one that appears in the Rejected Claim Response as **Unknown**:

- Click on the **Back** button on the Rejected Professional Claim Submission Response screen
- At the top of the screen above the Web Portal menu bar, click on **Provider Services** located next to the title **Related Sites**. A new window will open.
- Click on **Billing Manuals**.
- Scroll down the screen and click on the **Appendices** link.
- Use the scroll bar to locate ***Appendix R*** which will display the most current list of error codes.
- Click on the to close the window.

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